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FEDERAL INVESTMENT IN PREVENTING HEALTHCARE-RELATED INFECTIONS HAS BIG PAYOFF, EXPERTS TELL OBEY

Common Complication Results in 100,000 Deaths & \$30 Billion in Extra Costs Every Year □ □

WASHINGTON, D.C. - Healthcare experts told Congressman Dave Obey (D-WI) and the other members of the Labor, Health, Education Appropriations Subcommittee today that federal funds they appropriated in the omnibus appropriations bill just signed into law will help establish a therapy nationwide that could largely prevent one of the leading causes of death in the nation - Healthcare Associated Infections (HAIs).

According to the CDC, HAIs - infections people acquire while undergoing medical treatment - account for nearly 100,000 deaths a year - six times the deaths associated with AIDS. And HAIs are relatively easy to prevent, Dr. Carolyn Clancy, the Director of the Agency for Healthcare Research and Quality (AHRQ) and other experts told Obey's Committee.

Under Dr. Clancy, AHRQ provided \$900,000 to a research team at Johns Hopkins University to develop a therapy to largely prevent HAIs. The safety program they developed, known as the "Keystone Project," was simple - a checklist of steps such as washing hands, standardized measurements to report infection rates, and tools to increase teamwork. It was also very effective. When tested in Intensive Care Units throughout Michigan, the average ICU decreased its infection rate from 4 percent to zero and over 18 months the program saved more than 1,500 lives and nearly \$200 million.

However, the safety program has had a tough time breaking into common use. "If this therapy was a drug or device, the market would respond and very quickly spread the therapy throughout the U.S.," Dr. Peter Pronovost, the lead doctor on the John Hopkins team, told the Committee. But that has not happened. Dr. Pronovost said he saw two reasons why. The first is because "these deaths are largely invisible to patients, to payers, and to legislators. We lack valid and transparent reporting of these infections and as a result the infections and resulting deaths are viewed as inevitable rather than preventable," he said. The second is that "investments to improve quality of care in general and HAI in specific are glaringly inadequate for the magnitude of the problem."

Congress and the Administration are working to change that. In the federal budget just signed into law, Obey secured a large increase in funding for AHRQ prevention programs. "The FY 2009 appropriation offers the opportunity to make this initiative truly nationwide," Dr. Clancy noted. And the Department of Health has formed a top level working group, including

Dr. Clancy and senior level staff from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Centers for Medicare and Medicaid Services (CMS), and other healthcare agencies to focus top level attention on HAIs and expanding the Keystone project and other efforts like it.

Today's hearing on Reducing Healthcare Associated Infections was one of a series Obey, as Chairman of the House Appropriations Committee, and the Subcommittee on Labor, Health and Education, is holding on the potential impacts of the FY2010 federal budget.

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